

1. Check one: <input type="checkbox"/> FAILED TO APPLY <input type="checkbox"/> REFUSED TO ACCEPT	BC-6 (R-3-00) New Jersey Department of Labor UNEMPLOYMENT INSURANCE NOTICE OF FAILURE TO APPLY FOR, OR TO ACCEPT, SUITABLE WORK	2. Applicant's Social Security No.: <table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			
3. Applicant's Name and Address: 		4. Employer's Name and Address: 			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; padding: 5px;">DATA ON JOB AVAILABLE</th> </tr> <tr> <td style="padding: 5px;"> 6. Occupation: _____ 7. Starting Rate: _____ 8. Starting Rate is Increased as Follows: _____ _____ 9. Work Period: Hours per Day _____ Days per Week _____ 10. Work Shift: <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Alternating 11. Location of Job: (City) _____ 12. Starting Date: _____ 13. Date of Job Offer: _____ 14. Method of Offer: <input type="checkbox"/> in Person <input type="checkbox"/> By Mail <input type="checkbox"/> _____ 15. Date of Refusal : _____ </td> </tr> </table>		DATA ON JOB AVAILABLE	6. Occupation: _____ 7. Starting Rate: _____ 8. Starting Rate is Increased as Follows: _____ _____ 9. Work Period: Hours per Day _____ Days per Week _____ 10. Work Shift: <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Alternating 11. Location of Job: (City) _____ 12. Starting Date: _____ 13. Date of Job Offer: _____ 14. Method of Offer: <input type="checkbox"/> in Person <input type="checkbox"/> By Mail <input type="checkbox"/> _____ 15. Date of Refusal : _____	5. NJ Employer ID No.: _____ 16. Reason for Refusal (if known): <div style="text-align: center; font-size: small;">(Continue on reverse side, if necessary)</div>	
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		17. <i>I Certify That the Above Information is True and Correct.</i> Signed: _____ Title: _____ Date: _____ Telephone No.: _____ Ext. _____			

(SEE INSTRUCTIONS ON REVERSE SIDE)

INSTRUCTIONS TO EMPLOYER

Pursuant to Section N.J.A.C. 12:17-1.3(a), of the Employment Security Rules, this is the prescribed form employers or employing units are required to send to the proper local Unemployment Insurance Claims office of the Division, within 48 hours after any individual's failure to apply for, or to accept, suitable work, when offered by an employer, and when such failure, in the opinion of the employer, disqualifies such individual for benefits.

The address of the local claims office to which you should forward this form is shown on the Form BC-3E (Notice to Employer of Potential Liability) which you may have received earlier with respect to such individual. If you do not know at which local claims office this individual is, or has been reporting, mail this Form BC-6 to the NEW JERSEY OFFICE OF UI OPERATIONS, UNEMPLOYMENT INSURANCE, Labor Building, PO Box 058, Trenton, New Jersey 08625-0058.

THIS FORM IS TO BE USED FOR REPORTING THE FAILURE, WITHOUT GOOD CAUSE, OF AN INDIVIDUAL TO APPLY FOR OR TO ACCEPT SUITABLE WORK OFFERED. SUBMITTING THIS REPORT DOES NOT CONSTITUTE AN APPEAL. IF BENEFITS ARE PAID THAT ARE CHARGEABLE TO YOUR ACCOUNT, YOU WILL BE SO NOTIFIED, AND WILL HAVE AN OPPORTUNITY TO APPEAL.